

**150 STATE PATERNALISM AND INDIVIDUAL AUTONOMY IN  
END-OF-LIFE CARE**

10.1136/bmjspcare-2011-000053.150

*J Verne South West Public Health Observatory*

58% of people who die in England do so in hospital and yet surveys suggest that most people would like to die at home. There is evidence from many sources that the Quality of End of Life Care is variable and in some cases very poor. There is also mounting evidence of inequalities in quality of end of life care. The National End of Life Care Strategy (for England) aims to improve quality of End of Life Care. Tools in the armoury of a national strategy include vision, guidance documents and various forms of 'targets' to encourage practitioners to change practice and for use in monitoring progress. End of Life is extremely personal and there is a question whether State Paternalism aimed at a general improvement in standards may inadvertently reduce individual autonomy. Importantly the question must be raised who decides what constitutes a 'good death' and what happens if an individual's desires clash with the prevailing State view. Discussion will focus particularly on End of Life Registry and the use of Targets.